

## Collin County Grant Summary Form

<b>Department Name</b> Teen Court		Submit completed form along with one electronic copy of the grant application and all supporting documentation to the Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Janna Caponera at (972) 548-4638.
<b>Contact Person (Grant Liaison)</b> Julie Monge		
<b>Title</b> Teen Court Coordinator	<b>Phone / Extension</b> x4654	

Grant Description		
<b>Grant Title and Funding Year</b> Juvenile Justice & Delinquency Prevention (JJDP), FY 2016	<b>Funding Source</b>	<b>Application Type</b>
<b>Grantor (include sub-granting agencies)</b> Office of the Governor (OOG), Criminal Justice Division (CJD)	<input checked="" type="checkbox"/> State	<input checked="" type="checkbox"/> New Grant
	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Renewal
	<input type="checkbox"/> Other:	<input type="checkbox"/> Amendment
<b>Payment Method</b>		
	<input checked="" type="checkbox"/> Cost Reimbursement	<input type="checkbox"/> Other:
<b>Application/Award Deadline</b> February 27, 2015	<b>Requested Comm. Court</b> February 2, 2015	<b>Grant Period</b> September 1, 2015 to August 31, 2016

**Brief Description**  
Early identification and diagnosis of teens with substance abuse and mental health disorders to provide treatment access, thus improving behavioral outcomes and preventing further involvement with the justice system

Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel						\$ -
Operating	\$ 22,900.00					\$ 22,900.00
Capital Equipment						\$ -
Indirect Costs						\$ -
<b>Total</b>	<b>\$ 22,900.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 22,900.00</b>
# of FTEs						<b>0</b>

Performance Measures Applicable Outcome Measures	Current FY Progress to Date				Next FY Projected
	Q1	Q2	Q3	Q4	
Evaluate all Teen Court participants using MAYSI-2 screening tool					
Provide initial substance abuse/mental health evaluation for 20 participants					
Provide 1-hour weekly out-patient treatment for 10 participants for 10 weeks					
Provide monthly drug testing for 10 participants during 3-month program					

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any policies and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- Grant Summary Form
- Memo of request to Commissioner Court for application/award acceptance and approval
- Electronic copy of the original, completed application/award
- Approval to apply Court Order (for award only)
- All attachments, back-up documentation or amendments to be submitted to the Grantor

Completed by:		
Department Head / Designee Printed Name	Signature	Date